KBP Biosciences
CORPORATE PRESENTATION

February 2021

Disclaimer

The presentation contains forward-looking statements that are not historical facts and information, which represent management's intentions, expectations and beliefs about future events, including, among others, its beliefs with respect to future financial and operating results, competition, the Company's ability to successfully develop and commercialize its products and the time necessary to do so, the safety and efficacy of its products, systems and methods, the success of its relationships and collaborations with third parties, and its ability to obtain regulatory approvals, protect its intellectual property and implement its objectives, which involve risks and uncertainties that could cause actual results and outcomes to differ materially from any forward-looking statement or views expressed herein.

Company Overview

- **Highly experienced** management team and board
- **Innovative pipeline** of differentiated New Chemical Entities with known mechanisms of action targeting areas of high unmet need, including
- **KBP-5074:** Completed international Phase 2b study focusing on uncontrolled hypertension in advanced (stage 3b/4) Chronic Kidney Disease (CKD) patients
  - First indication: Potential for $1.9B in US alone
  - Favorable efficacy (UACR/BP)
  - Better safety (Hyper K+) profile
- **KBP-7072: Novel, Phase 2-ready broad-spectrum antibiotic**
  - Ability to discharge patients from hospital faster, coupled with unique effect on *Acinetobacter Baumannii*
  - *FDA Fast Track Designation for CABP and QIDP status for CABP*

KBP People

Experienced Global Management Team

Zhenhua Huang Ph.D.

Executive Chairman, Founder
Serial entrepreneur, proven track record

Thijs Spoor BPhm, MBA

Chief Executive Officer
Extensive capital markets and biotechnology executive experience

Douglas Losordo M.D., Ph.D.

Chief Medical Officer
Professor at Northwestern University and global R&D, CMO experience

Fred Yang Ph.D.

Chief Development Officer
End-to-end development experience and clinical/regulatory professional

Jerry Zhong Ph.D., MBA., PMP

EVP, Project Management
PM leadership across development spectrum of multiple therapeutic areas

James McCabe M.D.

VP, Clinical and Medical Affairs
Practicing clinical nephrologist

Experienced Global Management Team

Jay (Xu-Jie) Zhang M.D., Ph.D.

VP, Biology
Scientific leader in Drug Metabolism and Pharmacokinetics

Vincent J. Benn Ph.D., MBA

VP, Regulatory & Medical Affairs
Clinical and regulatory drug and biologics development experience

David Hauser Ph.D.

VP, Project Management
Medical/regulatory writing, clinical PM and therapeutic experience

Chris Benson CPA

Finance Controller
Public & private accounting and SEC reporting experience

Murphy Guo Ph.D.

VP, CMC
Discovery chemistry, process research and development experience

Richard McGregor

Director, BD
Discovery chemistry, process research and development experience

World-Class Scientific Advisors

George Bakris, M.D.

University of Chicago (US). Renal disease/HTN expert

Bertram Pitt, M.D.

University of Michigan (US), World class MRA/ CV disease expert

Katie Laessig M.D.

Senior Vice President RRD International, LLC Former Deputy Director, FDA DAIP

Faiez Zannad, M.D., Ph.D.

Lorraine University (France), Chairman of the French Society of Hypertension

Dr. John McMurray, M.D.

University of Glasgow (UK), Former chair of EU Heart Failure society

Richard Wunderink, M.D.

Professor of Medicine Northwestern Univ Infectious diseases specialist

Frédéric Jaisser, M.D., Ph.D.

Paris-East Creteil University (France), Expert on MRA research

Clare Kahn, Ph.D.

(US) 30 yrs. of regulatory experience, former VP GSK/Pfizer

Paul Ambrose, PharmD

President at Institute for Clinical Pharmacodynamics

KBP Portfolio
Focus on KBP-5074/KBP-7072

Proprietary Discovery Platform to Fuel Pipeline

High-volume screening and optimization techniques for evaluating pharmacokinetics/ pharmacodynamics (PK/PD) and toxicology

Responsible for generating each of KBP's six novel drug candidates currently in clinical and preclinical development

Expected to consistently contribute new candidates to innovative pipeline

Substantial compound and bacteria libraries

KBP has built a small molecule compound library with over 3,000,000 chemical compounds

Bacteria collection has more than 30,000 isolates covering 33 species and more than 200 classes of strains

- Gram-positive and Gram-negative aerobic bacteria
- Anaerobic bacteria
- Clinical special pathogenic strains

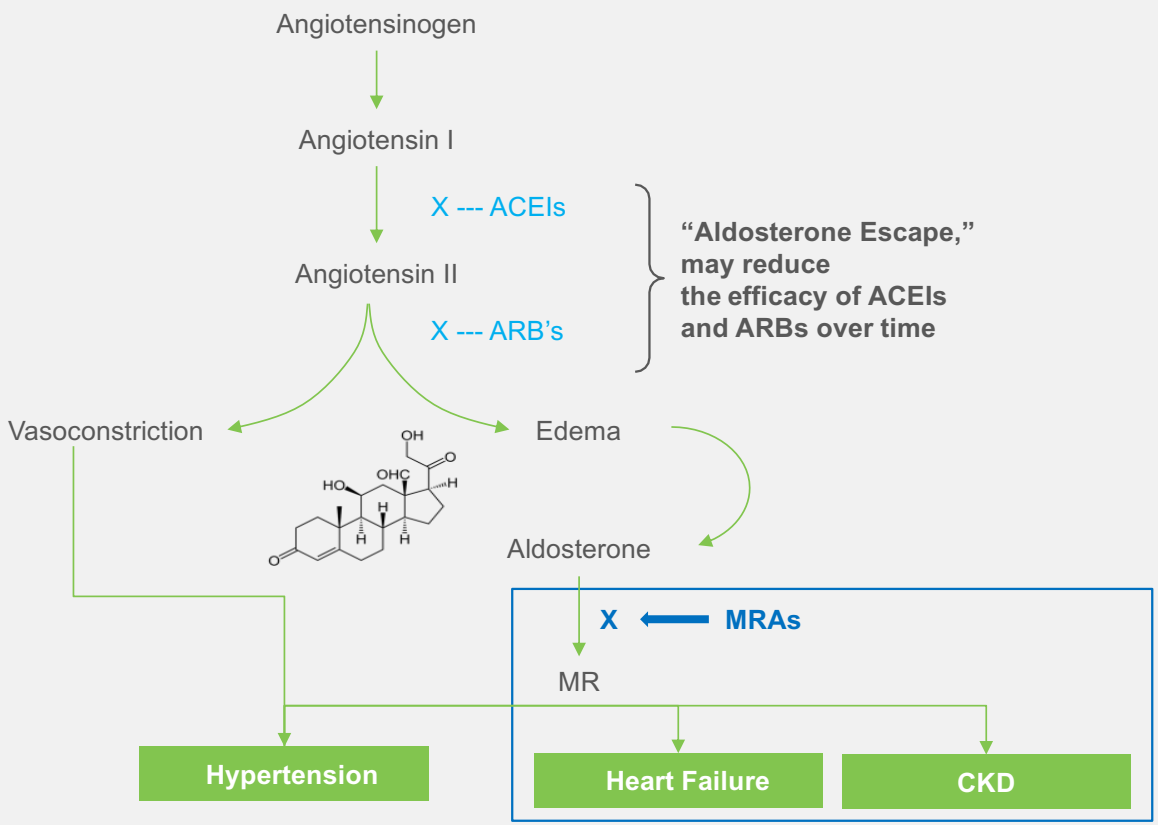
Robust Clinical and Pre-Clinical Pipeline

Program (Mechanism)	Indication(s)	Preclinical	Phase I	Phase II	Phase III
KBP-5074 (Non-steroidal MRA)	Uncontrolled Hypertension in Chronic Kidney Disease (Stage 3b/4)				
	Kidney Protection				
	Heart Failure				
KBP-7072 (3rd generation tetracycline)	Aminomethycycline for drug resistant infections including ABSSSI, CABP & cIAI				
KBP-7026 (CRTH2 antagonist)	Reduction of eosinophilic inflammation				
KBP 8017 (Triple Kinase Inhibitor)	Fibrosis caused by radiotherapy / Delayed Effect of Acute Radiation Exposure				
KBP 7909 (LpxC Inhibitor)	Gram negative bacterial infections including multi-drug resistant *Pseudomonas aeruginosa*				

Acute Bacterial Skin and Skin Surface Infection (ABSSSI); Community Acquired Bacterial Pneumonia (CABP); Complicated Intra-Abdominal Infection (cIAI)

MRAs are Commonly Used in Blood Pressure Control – Contraindicated in Kidney Disease

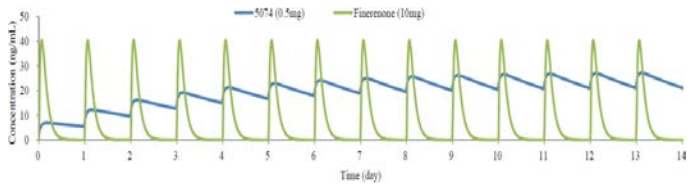
Renin-Angiotensin-Aldosterone System (RAAS)



- Excess mineralocorticoid receptor (MR) activation leads to reabsorption of urinary sodium (Na+) and water, resulting in arterial blood pressure elevation
- Activation of MR by aldosterone or other mediators regarded as potent mediator of organ damage in heart, blood vessels, and kidney
- By binding to the MR and preventing activation, 1st (spironolactone) and 2nd (eplerenone) generation MRAs proven to offer blood pressure control and cardiorenal protection
- 1st & 2nd generation MRAs (both steroidal) associated with a potential life-threatening major side effect **Hyperkalemia**
- 3rd generation MRAs (non-steroidal) have lower risk of hyperkalemia
  - Finerenone: Lack of BP lower effect

Best In Class Potassium Safety Potential in CKD patients

Half life and high binding affinity



Compound	MR IC_{50} (nM)	$T_{½}$ (Hour)
KBP-5074	**2.70**	**50-60**
Finerenone	18	2-3
Spironolactone	14.3	1.4*
Eplerenone	268	3-6

Longer $T_{1/2}$

Less fluctuation of PK over 24 hours

- 24-hour BP control

High MR affinity

Low/steady concentration with least disruption to:

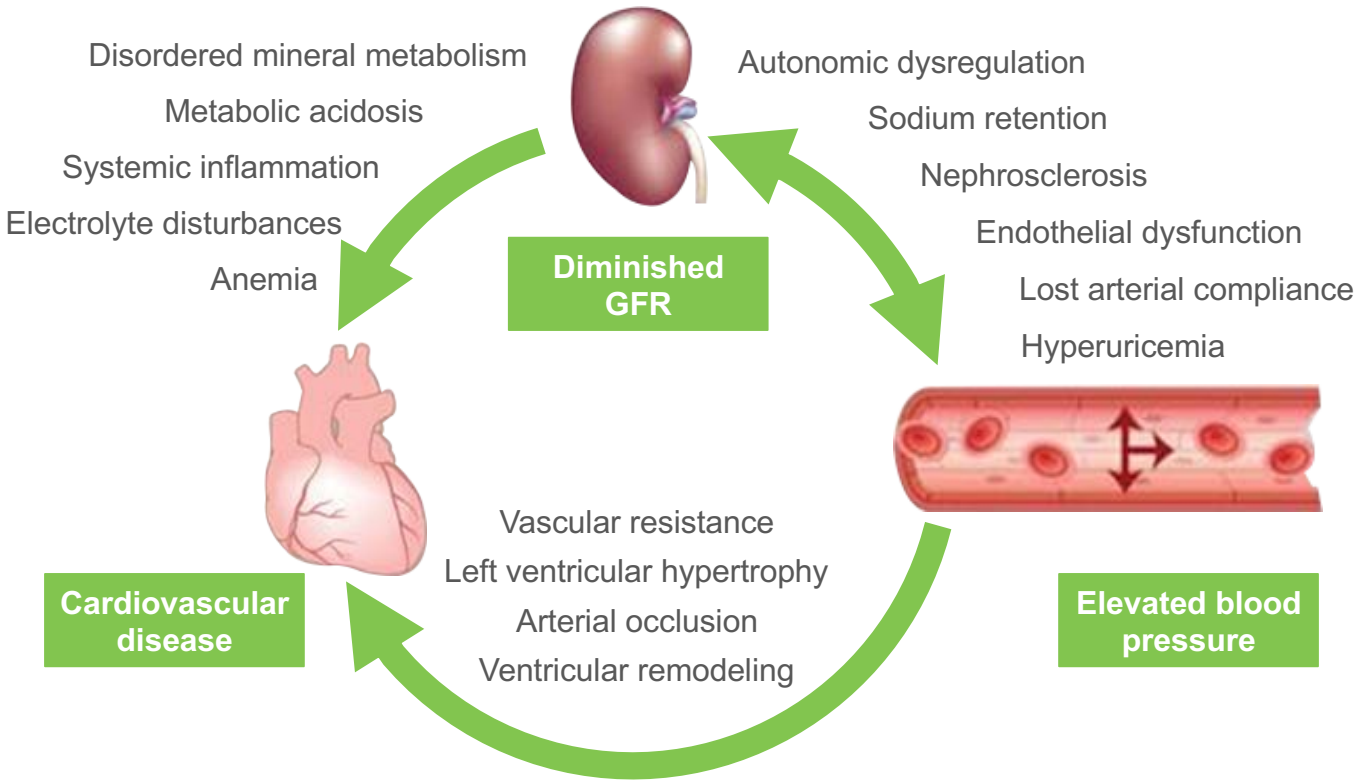
- Sodium/potassium balance
- Potassium circadian rhythm

Potential for Better efficacy and lower **Hyperkalemia**

*Note: The mean half-life of spironolactone is 1.4 hour. The mean half-life values of its metabolites including canrenone, 7-α-(thiomethyl) spirolactone (TMS), and 6-ß-hydroxy-7-α-(thiomethyl) spirolactone (HTMS) are 16.5, 13.8, and 15 hours, respectively.

KBP-5074 is the only MRA that has favorable effects on all three organ systems in advanced CKD patients

1st & 2nd generation MRAs (both steroidal) associated with a potential life-threatening major side effect **Hyperkalemia**



3rd generation MRAs (non-steroidal) have lower risk of hyperkalemia

Finerenone lacks blood pressure lowering effect

MRA's with low risk of Hyperkalemia and favorable BP effect are needed

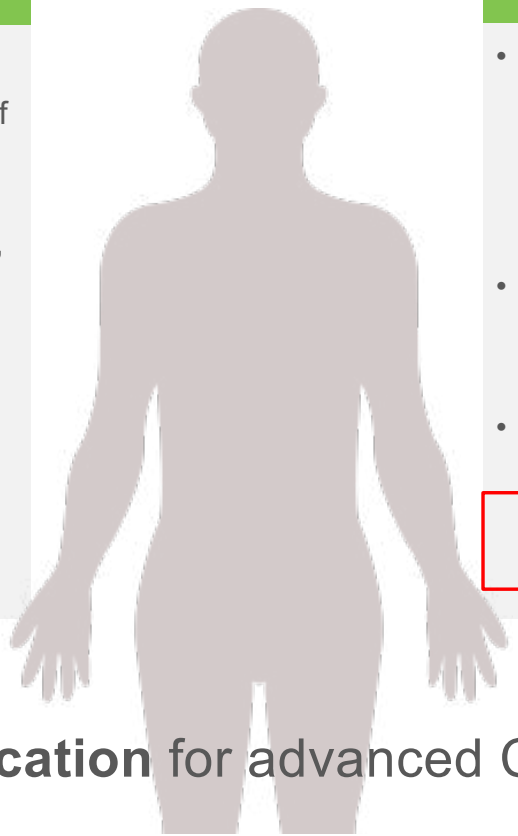
Uncontrolled Hypertension in Stage 3b/4 CKD Patients

Limited/No treatment Options – Major Unmet Medical Need

Typical patient: High disease burden

- 65 years old
- 20-year history of HTN, 10 years of CKD
- eGFR = 28 mL/min/1.73m^2, proteinuria, T2DM, Hyperlipidemia, SBP = 160mmHg
- Current anti-HTN prescriptions
  - Lisinopril + hydrochlorothiazide + amlodipine – Max dose

50-80% of patients on 2+ HTN drugs



Few/no viable treatment options

- Beta blocker
  - Ineffective
  - Block hyperglycemia
- Hydralazine
  - Short-term effect
- **MRAs** (Spironolactone, Eplerenone)
  - **Contraindicated due to hyperkalemia**
- Alpha blocker
  - Ineffective
- Minoxidil
  - Fluid retention
  - Hirsutism

Major Unmet Medical Need

HTN

eGFR decrease

Kidney disease progression

Dialysis $100k / Year

USRDS 2019 Annual Data Report

A **unique indication** for advanced CKD patients

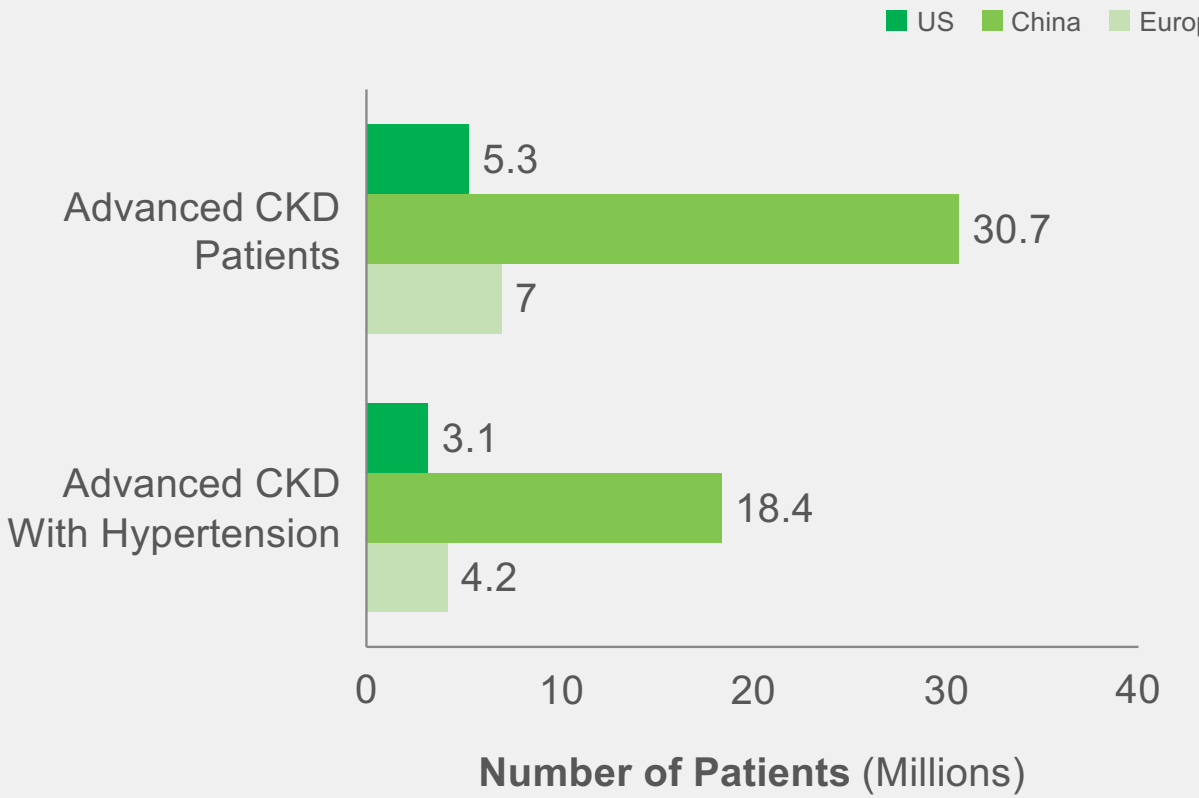
CKD with Uncontrolled Hypertension:
Large Market Potential Across Major Markets – US, Europe, China

Physicians are cautious to use existing MRAs in advanced CKD patients, due to **elevated hyperkalemia risk & rapidly declining renal function**

Key Figures

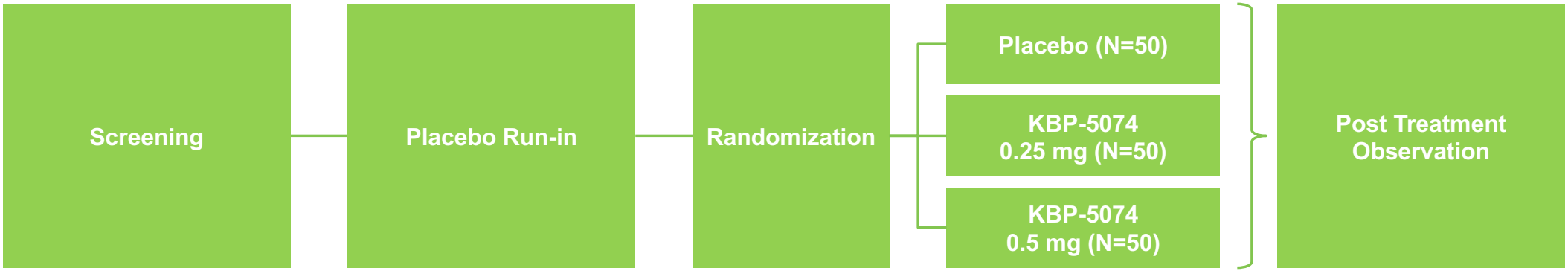
- ~43 million advanced CKD patients across three markets
- ~26 million advanced CKD patients with hypertension
- Initial indication of hypertension in CKD could generate US sales in the range of $1.8 – 2.4 billion

Important CKD Figures Across the US, Europe and China



Phase 2b Study (BLOCK CKD)

A Phase 2, Randomized, Double-Blind, Placebo-Controlled, Multi-Center Study to Assess the Efficacy, Safety, and Pharmacokinetics of KBP-5074 in Patients with Moderate-to-Severe Chronic Kidney Disease and Uncontrolled Hypertension



- **Inclusion Criteria:** eGFR 15-45 mL/min/1.73m^2 / systolic blood pressure (SBP) > 140 mmHg
- **Primary Endpoint:** Change from baseline of SBP
- **Secondary Endpoints:** DBP / ABPM / NT-proBNP
- **Safety Endpoints**: General AE & hyperkalemia

Mineralocorticoid Receptor Antagonists for Hypertension Management in Advanced Chronic Kidney Disease"
HYPERTENSIONAHA.120.15199 Hypertension. 2020;76: 144 –149

Clinicaltrials.gov: NCT03574363

High probability of success with expedited development pathway

Single phase 3 similar to Phase 2b in population/endpoint

FDA Agreement On Development Pathway	• **Target indication** of uncontrolled BP in advanced CKD patients • **Phase 2b** study design and analysis • **Phase 3** and overall development program • HTN based single placebo-controlled Phase 3 program
Feedback	• "We are committed to meeting with you as needed to facilitate the development of your product for the treatment of this disease." – *FDA Communications*

KBP-5074 Summary

A Novel, Non-Steroidal Mineralocorticoid Receptor Antagonist (MRA) with Best-in-Class Potential for CKD Patients

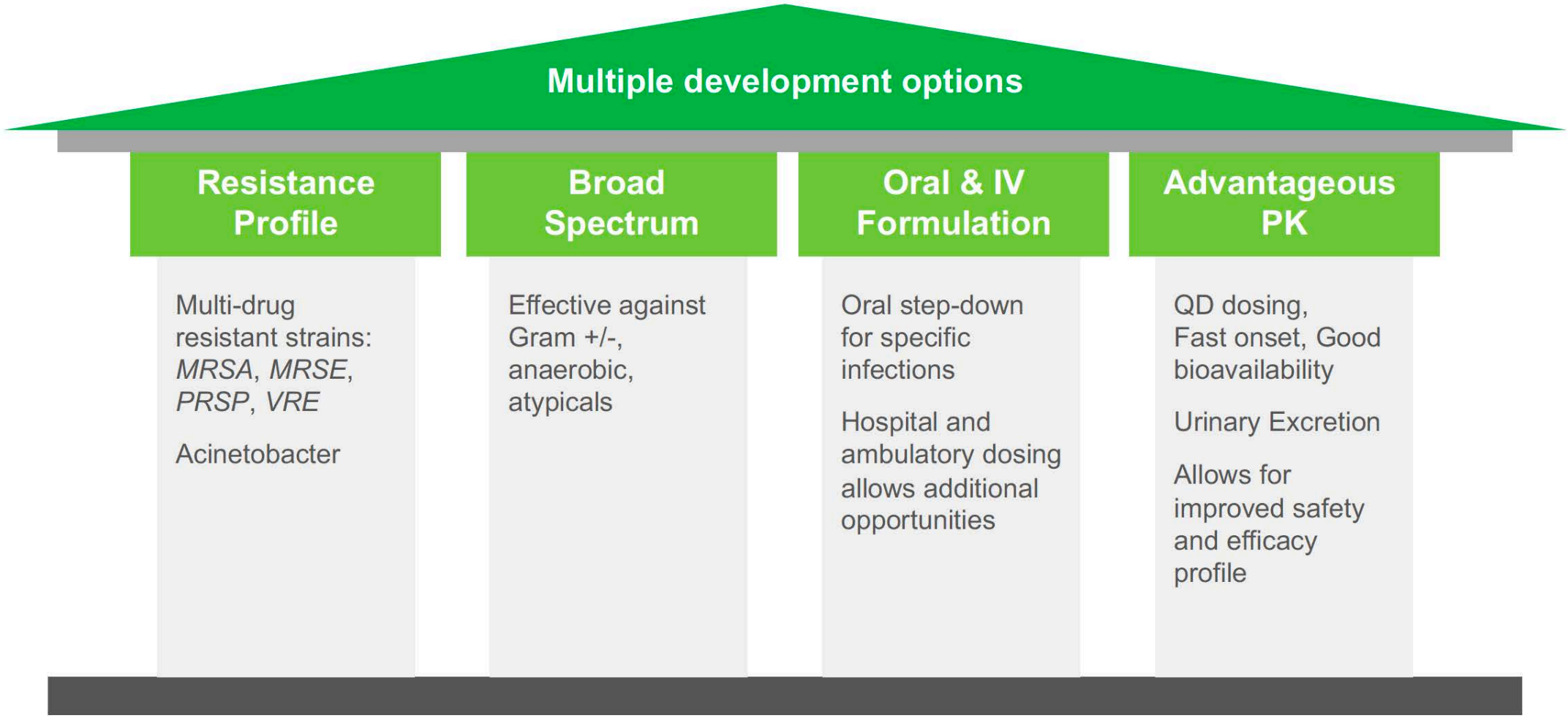
- Discovered by KBP with **unique structure** focused on hyper K^+ risk
- Differentiated from other MRA with **unique MOA and PK profile**
- Initial development focus on a **unique indication** for advanced CKD patients
- **Large market potential** for initial indication, multiple additional indications
- **High probability of overall success** as the Phase 3 and Phase 2b clinicals trial are almost identical in terms of endpoint and population
  - **Expedited development pathway** agreed with US FDA with single Phase 3 study

KBP-7072
Lead Antibiotic Program for Multi-Drug Resistant Bacteria

KBP-7072 – Phase 2-ready Oral and IV

- A potent, third-generation tetracycline with established, broad anti-infective activity against both Gram-positive and Gram-negative bacteria, particularly on:
  - **Acinetobacter Baumannii: Priority 1 (Critical) pathogen** by the WHO – Carbepenem resistant
- QIDP status for CABP
- Three initial target indications
  - CABP (Community Acquired Bacterial Pneumonia)
  - ABSSSI (Acute Bacterial Skin and Skin Structure Infection) and wound injury
  - cIAI (Complicated Intra-Abdominal Infection)

KBP-7072: Features Address Multiple Unmet Needs



In vitro activity of KBP-7072 against 531 A. baumannii clinical isolates (2018)

Pathogens	Range (mg/L)	MIC_{50} (mg/L)	MIC_{90} (mg/L)
A. baumannii (531)	≤0.015 - 4	0.25	1
• Colistin-susceptible *A. baumannii* isolates (490)	≤0.015 - 4	0.25	1
• **Colistin-resistant *A. baumannii* isolates(38*)**	**0.03 - 2**	**0.5**	**1**
• *ESBL-producing and MBL-producing A. baumannii isolates (10)*	0.06 - 1	0.12	0.5

- KBP-7072 inhibited **97.6%** of all isolates at ≤1 mg/L
- KBP-7072 (MIC50/90, 0.5/1 mg/L; 92.1% inhibited at ≤1 mg/L) was the **most active compound** tested against 38 recent geographically diverse **colistin-resistant** *A. baumannii* isolates and outperformed all tetracycline class & comparator agents
- KPB-7072 (MIC50/90, 0.12/0.5 mg/L) inhibited **100.0%** of **ESBL-** and **MBL-** producing *A. baumannii* isolates at ≤1 mg/L

*Comprised of 14 isolates from the US, 18 isolates from Europe, 5 isolates from the Asia-Pacific region, and 1 isolate from Latin America.